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MAIL STOP: **Amendment**

EXAMINER: **Maureen WALLENHORST**

ART UNIT: **1743**

APPLICANT(S): **Sammy S. DATWANI et al.**

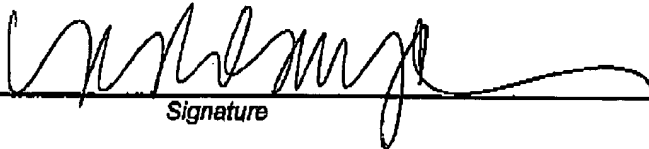
APPLICATION NO.: **10/630,357**

FILING DATE: **7/30/2003**

ATTORNEY DOCKET NO.: **100/17201**

TOTAL PAGES (incl. Certificate): **11**

DOCUMENT(S): **Transmittal; Amendment**



Signature

Will Sayo

Typed or printed name of person signing Certificate

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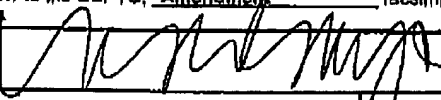
FEB 14 2007

Form CLS-IP21 (wes0908)
Approved for use through 3/31/2007

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	APPLICATION NUMBER	10/630,357	
	FILING DATE	7/30/2003	
	APPLICANT(S)	Sammy S. DATWANI et al.	
	ART UNIT	1743	
	EXAMINER	Maureen WALLENHORST	
MAIL STOP	Amendment	ATTORNEY DOCKET NUMBER	100/17201

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> Election/Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Missing Parts/Incomplete Application <input type="checkbox"/> Under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Extension of Time Request (___ month(s)) <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-SB08 <input type="checkbox"/> Drawings (___ sheet(s)) <input type="checkbox"/> Declaration (___ sheet(s)) <input type="checkbox"/> Application Data Sheet (updated)	<input type="checkbox"/> PTO-1595 Recordation Form Cover <input type="checkbox"/> Assignment (___ sheet(s)) <input type="checkbox"/> Merger/Name Change Certificate <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Change of Address <input type="checkbox"/> Petition <input type="checkbox"/> Revive Application <input type="checkbox"/> Withdraw <input type="checkbox"/> Request <input type="checkbox"/> Correction <input type="checkbox"/> Refund	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other enclosure(s) identified below:
REMARKS		
The Commissioner is hereby authorized to charge any deficiency(ies) of fee(s) found to be required for this filing, or credit any overpayment(s), to Deposit Account No. 03-0177, referencing the attorney docket number indicated above.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
FIRM NAME	CALIPER LIFE SCIENCES, INC.		
SIGNATURE			
PRINTED NAME	Ann C. Petersen		
DATE	2/14/2007	REG. NO.	55,538

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<input checked="" type="checkbox"/> Transmitted by facsimile on the date shown below to the USPTO, <u>Amendment</u> , facsimile number <u>571-273-8900</u> .			
SIGNATURE			
PRINTED NAME	Will Sayo	DATE	2/14/2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/630,357 Confirmation No.: 9263
Applicant(s) : Datwani et al.
Filing Date : 07/30/2003
TC/A.U. : 1743
Examiner : Maureen Wallenhorst

Docket No. : 100/17201
Customer No. : 021569
Title : High Density Reagent Array Preparation Methods

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office action mailed November 14, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.